



3623/18

PTO/SB/17 (08-03)

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FEE TRANSMITTAL for FY 2003				Complete if Known				
Effective 01/01/2003, Patent fees are subject to annual revision.				Application Number	09/705,486			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	November 3, 2000			
TOTAL AMOUNT OF PAYMENT (\$)				948.00	First Named Inventor	Joseph Gendler		
				Examiner Name	E. Shaffer			
				Art Unit	3623			
				Attorney Docket No.	J2167.0166/P166			
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)				
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES				
<input type="checkbox"/> Deposit Account: Deposit Account Number: 50-2215 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP				Large Entity Small Entity				
The Director is authorized to: (check all that apply)				Fee Code Fee (\$)				
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments				Fee Code Fee (\$)				
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application				Fee Description				
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				Fee Paid				
FEE CALCULATION								
1. BASIC FILING FEE								
Large Entity Small Entity								
Fee Code Fee (\$)								
1001 750 2001 375 Utility filing fee								
1002 330 2002 165 Design filing fee								
1003 520 2003 260 Plant filing fee								
1004 750 2004 375 Reissue filing fee								
1005 160 2005 80 Provisional filing fee								
SUBTOTAL (1) (\$)				0.00				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE								
Total Claims 67 ** = 1 x 18 = \$18.00								
Independent Claims 3 ** = 0 x =								
Multiple Dependent =								
Large Entity Small Entity								
Fee Code Fee (\$)								
1202 18 2202 9 Claims in excess of 20								
1201 84 2201 42 Independent claims in excess of 3								
1203 280 2203 140 Multiple dependent claim, if not paid								
1204 84 2204 42 ** Reissue independent claims over original patent								
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent								
SUBTOTAL (2) (\$)				18.00				
**or number previously paid, if greater; For Reissues, see above								
SUBMITTED BY				(Complete (if applicable))				
Name (Print/Type) Michael J. Scherer				Registration No. 34,425				
Signature Michael J. Scherer				Telephone (212) 896-5472				
				Date September 3, 2003				

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